KENTUCKY BOARD OF PHARMACY

Spindletop Administration Building, Suite 302 2624 Research Park Drive Lexington, KY 40511 Phone 859-246-2820 Fax 859-246-2823

TELEPHONE INSPECTION AUTHORIZATION FOR NEW PHARMACIES

Acknowledgement by Pharmacist-in-Charge of res	ponsibility for represent	ations below:	yes				
1. Name and address correct on permit application	n		yes				
2. Telephone Number () F			yes				
3. Ownership clearly stated	ux ()		yes				
4. PIC/POA readily identified 5. Name of persons having keys to pharmacy identified 6. Schedule of hours listed: (CORRECT AS OF THIS DATE) 7. Name of computer listed: hardware/software			yes yes yes yes				
				8. Type of pharmacy identified (chain, hospital, et			
				9. Signature of PIC and OWNER complete 10. Equipment required: Class A balance/weights (or approved electronic scale)			yes yes
							yes
Graduates 1ml to 250 ml	ŕ		yes				
Mortar/pestle, ointment slab			yes				
Filtration system (filter papers/funnel)			yes				
Refrigerator			yes				
Sink- HOT and COLD running water (in pha	rmacy)		yes				
Spatulas (steel and nonmetallic)			yes				
,			3 				
11. Generic Drug Sign (KPhA Telephone No. 502-	227-2303)		yes				
12. Generic pamphlets (OAG Telephone No. 502-696-5389)			yes				
13. Syringe register (if applicable)			yes				
14. Exempt V narcotic register (if applicable)			yes				
15. PSE Transaction Log			yes				
16. References complete (please list)			,				
· · · · · · · · · · · · · · · · · · ·	ed is true and correct to	Zip	- - owledge. I further				
Signature of Pharmacist-in-Charge Please return this document to Kentucky Board of	Pharmacy within five (Date 5) days of receipt at	the above address.				
Pharmacy and Drug Inspector	<u></u>	Date	-				